

COMPLIANCE CHECKLIST**▷ Outpatient Diagnostic Facilities**

A separate Checklist must be completed for each outpatient suite.

The following Checklist is for plan review of clinics and hospital outpatient facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Hospital and Health Care Facilities, 2001 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Clinic Licensure Regulations 105 CMR 140.000. Applicants must verify project compliance with all the requirements of the Guidelines, Licensure Regulations & Policies when filling out this Checklist, and must include the DPH Affidavit when submitting project documents for self-certification or abbreviated review.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (___) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (___) next to the section title. If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met.

☒ = Check this box under selected checklist section titles or individual requirements for services that are not included in the project.

E = Functional space or area is existing and not affected by the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.

W = Waiver requested for Guidelines, Regulation or Policy requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).

3. Mechanical, plumbing and electrical requirements are only partially mentioned in this checklist.
4. Items in *italic*, if included, refer to selected recommendations of the Appendix of the Guidelines, adopted by policy.
5. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.

Facility Name:

.....

Dates:

Initial:

Facility Address:

.....

Revisions:

Satellite Name: (if applicable)

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DON Identification: (if applicable)

.....

Satellite Address: (if applicable)

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Project Reference:

.....

Building/Floor Location:

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.....

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ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**OUTPATIENT SUPPORT AREAS

Note: Compliance Checklist OP1 must be completed and attached to this Checklist.

7.10.D DIAGNOSTIC X-RAY

A7.10.D1

Chest X-ray rooms:

- ☐ check if service not included in project
 ___ sized for equipment

Radiography rooms:

- ☐ check if service not included in project
 ___ sized for equipment
 ___ min. 180 sf

A7.10.D2

Tomography rooms:

- ☐ check if service not included in project
 ___ min. 250 sf

A7.10.D2

Radiography/fluoroscopy rooms:

- ☐ check if service not included in project
 ___ min. 250 sf

7.10.G4

___ separate toilet rooms

- ___ direct access from R/F room
 ___ direct access to corridor

A7.10.D3

Mammography rooms:

- ☐ check if service not included in project
 ___ min. 100 sf

7.10.D4

- ___ Shielded control alcove at each X-ray room
 ___ view window w/ full view of patient/exam table

7.10.G10

- ___ Offices for radiologist(s) and assistant(s)
 ___ provisions for viewing, individual consultation & charting

Policy

Film handling facilities:

- ☐ check if service not included in imaging suite
 (only if all imaging data is digitally transmitted & recorded)

7.10.G7

- ___ Film storage (active) room
 ___ cabinets or shelves for filing and immediate retrieval of patient films

7.10.G8

- ___ Film storage (inactive) room or area
 ___ protection from loss or damage

7.10.G9

- ___ Storage for unexposed film
 ___ protection from exposure or damage

7.10.G13

- ___ Contrast media **or** ___ Contrast media storage
 preparation room room when pre-prepared
 ___ counter media is used
 ___ sink
 ___ storage

7.10.G14

- ___ Darkroom
 ___ located near procedure rooms & quality control area

7.10.G15

- ___ Quality control area
 ___ located near processor for viewing film after processing

- ___ Handwashing station
 ___ Vent. min. 6 air ch./hr

- ___ Handwashing station
 ___ Vent. min. 6 air ch./hr

- ___ Handwashing station
 ___ Vent. min. 6 air ch./hr

- ___ Handwashing station
 ___ Vent. min. 6 air ceiling height./hr
 ___ Handwashing station
 ___ Vent. min. 10 air ch./hr (exhaust)

- ___ Handwashing station
 ___ Vent. min. 6 air ch./hr

- ___ Vent. min. 10 air ch./hr (exhaust)

- ___ Min. 10 air ch./hr (exhaust)

- ___ View boxes with consistent lighting for comparison of several adjacent films

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**7.10.C COMPUTERIZED TOMOGRAPHY (CT) SCANNING☐ check if service not included in project

7.10.C1 ___ CT scanning room sized to accommodate equipment

___ Handwashing station
___ Vent. min. 6 air ch./hr7.10.C2 ___ Control room for computer & other controls (fully enclosed)
___ view window for full view of patient
___ control operator has view of patient's head
7.10.C3 ___ control room located for convenient film processing

___ Vent. min. 4 air ch./hr

7.10.C4 ___ Patient toilet
___ located convenient to CT scanning room
___ direct access ___ access from outside
___ scanning room
or
___ from scanning room
___ direct access from
toilet to corridor___ Min. 10 air ch./hr (exhaust)
___ Handwashing station7.10.E MAGNETIC RESONANCE IMAGING (MRI)☐ check if service not included in project7.10.E1 ___ MRI procedure room
___ sized to accommodate functional program
___ min. 325 sf___ Vent. min. 6 air ch./hr
___ Venting of cryogen exhaust
___ Handwashing station convenient to
MRI room
___ Supplemental air conditioning7.10.E2 ___ Control room (fully enclosed)
___ min. 100 sf
___ full view of MRI7.10.E3 ___ Computer room
___ sized as required for equipment
___ min. 150 sfA7.10.E4 Cryogen storage
☐ check if service not included in project
___ min 50 sf area

___ Vent. min. 10 air ch./hr (exhaust)

7.10.F ULTRASOUND☐ check if service not included in project

7.10.F1 ___ Space to accommodate functional program

___ Handwashing station
___ Vent. min. 6 air ch./hr7.10.F2 ___ Patient toilet
___ accessible from procedure room___ Handwashing station
___ Vent. min. 10 air ch./hr (exhaust)7.10.G IMAGING SUPPORT SPACES7.10.G1 ___ Patient waiting area
___ out of traffic and under staff control
___ seating capacity, as per functional program

___ Vent. min. 12 air ch./hr (exhaust)

7.10.G2 ___ Control desk & reception area

7.10.G4 ___ Patient toilet rooms
___ convenient to waiting rooms___ Handwashing stations
___ Vent. min. 10 air ch./hr (exhaust)7.10.G5 ___ Patient dressing rooms
___ convenient to waiting and X-ray rooms
___ seat or bench and mirror
___ provisions for hanging clothes
___ provisions for secure storage of valuables

7.10.G11 ___ Clerical offices/spaces

7.10.G12 ___ Consultation area

ARCHITECTURAL REQUIREMENTS9.2.B7/
140.204

- ☐ Clean utility room
☐ no material processing: **or** ☐ material processing:
☐ clean storage room ☐ clean workroom
☐ work counter
☐ handwashing sink
☐ storage facilities

9.2.B8

- ☐ Soiled holding room

9.2.B9

- Sterile Supplies
☐ sterilizing facilities
☐ on-site **or** ☐ off-site
or
☐ no reusable supplies

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- ☐ Vent. min. 4 air ch./hr

- ☐ Handwashing sink
☐ Vent. min. 10 air ch./hr (exhaust)

GENERAL STANDARDS**Details and Finishes**

- ☐ Outpatient corridors (9.2.H1.a)
☐ min. corridor width 5'-0"
☐ Staff corridors
☐ min. corridor width 44"
☐ Two remote exits from each outp. facility suite & floor
☐ Fixed & portable equipment recessed does not reduce required corridor width (9.2.H1.c)
☐ Work alcoves include standing space that does not interfere with corridor width
☐ ☐ check if function not included in project
☐ Doors:
☐ doors min. 3'-0" wide (9.2.H1.d)
☐ all doors are swing-type (Policy)
☐ doors do not swing into corridor (Policy)
☐ Glazing (9.2.H1.e):
☐ safety glazing or no glazing under 60" AFF & within 12" of door jamb
☐ Thresholds & expansion joints flush with floor surface
☐ Handwashing stations located for proper use & operation (9.2.H1.g)
☐ min. 15" from centerline to side wall (Policy)
☐ Vertical clearances (9.2.H1.j):
☐ ceiling height min. 7'-10", except:
☐ 7'-8" in corridors, toilet rooms, storage rooms
☐ sufficient for ceiling mounted equipment
☐ min. clearance 6'-8" under suspended pipes/tracks
☐ Floors (9.2.H2.c):
☐ floors easily cleanable & wear-resistant
☐ washable flooring in rooms equipped with handwashing stations (Policy)
☐ non-slip floors in wet areas
☐ wet cleaned flooring resists detergents
☐ Walls (9.2.H2.d):
☐ wall finishes are washable
☐ smooth/water-resist. finishes at plumbing fixtures

Mechanical (9.31.D)

- ☐ Mech. ventilation provided per Table 7.2
☐ Exhaust fans located at discharge end
☐ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes
☐ Contaminated exhaust outlets located above roof
☐ Ventilation openings at least 3" above floor
☐ Central HVAC system filters provided per Table 9.1

Plumbing (9.31.E)

- Handwashing station equipment
☐ handwashing sink
☐ hot & cold water
☐ single lever or wrist blades faucet
☐ soap dispenser
☐ hand drying facilities
 Sink controls (9.31.E1):
☐ hands-free controls at all handwashing sinks
☐ blade handles max. 4½" long
☐ blade handles at clinical sinks min 6" long

Electrical (9.32)

- ☐ All occupied building areas shall have artificial lighting (9.32.D3)
☐ Emergency power complies with NFPA 99, NFPA 101 & NFPA 110 (9.32.H)